Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>11/02/</u> 2 <u>010</u>	Address:	621 Stadium Dr.	
Case #:	10F158933		Fort Wayne, IN	
County:	Allen		46805	
_			<u>100 4.2</u>	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☑ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all th	nd: Location (bedroom, kitchen, open a at apply) /Ammonia Reaction(s): <u>trash can</u>	<u>tir, etc)</u>		
Red Phosphorous/Iodine Reaction(s):				
☐ Hammable Solvents:				
Water Reactive Metal (Lithium): trash can				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s): <u>trash</u> can				
	e Acid;	ear (
	e Base:			
	em and location): <u>trash can</u>			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrinc/ ☐ Retail/Mer ☑ Other: <u>911</u>	Investigative Information Dephedrinc/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:911 call	
This report i	s to be faxed to the following agen	<u>cies that serve the loc</u>	ation:	
	ent: Fort Wayne Fire Dept	Fax: <u>(260) 4</u>		
Health Department: Fort Wayne/Allen County		Fax: <u>(260) 42</u> Fax: (317) 22		
Child Protect	ion Service: Allen County	Fax: (317) 2:	<u> </u>	
mvestigating	formation regarding this methamphe Officer: <u>Det. Shane Pulyer</u> Phon	tamine laboratory, con c <u>260-427-1203</u>	itact	

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for refention.

is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of some processing.